



TOWN OF BARGERSVILLE

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**BARGERSVILLE DEPARTMENT OF PLANNING AND ZONING
BARGERSVILLE BOARD OF ZONING AND APPEALS
APPLICATION FOR VARIANCE/SPECIAL EXCEPTION**

Filing date received by the Board of Zoning and Appeals Office: _____
Scheduled date of public hearing: _____

APPLICANT'S NAME: _____
ADDRESS OF THE APPLICANT: _____
PHONE NUMBER OF APPLICANT: _____

Land owner(s) name and address (if other than APPLICANT): _____

Parcel number of property: _____
Premises affected (recorded legal description and address): _____

TOWNSHIP: _____ ZONING CLASSIFICATION: _____

Detailed statement of VARIANCE request: _____

THE ABOVE INFORMATION AND ATTACHED EXHIBITS TO THE BEST OF MY KNOWLEDGE
AND BELIEF, ARE CORRECT:

(Signature of Applicant)

STATE OF INDIANA)
) SS:
COUNTY OF JOHNSON)

Subscribed and sworn to be before me this _____ day of _____, 20 _____.

Notary Public, _____
(Name Printed)

Resident of _____ County, IN

My Commission Expires: _____